



Direct Deposit Enrollment/Authorization Form

Mail this completed form to: ADP FSA Services, ATTN: Direct Deposit, PO Box 2698, Alpharetta, GA 30023-2698

Direct Deposit is the most **convenient and secure** method for receiving your reimbursements. It provides an electronic funds transfer directly into your designated checking or savings account. Direct Deposit reimbursements are usually available in your bank account within two (2) business days after processing is completed on your claim.

Please note that during or immediately following your employer's Annual Enrollment Period, you should allow up to thirty (30) days for activation of Direct Deposit. During this activation period, you will receive reimbursements as a paper check delivered through US Mail. Once your Direct Deposit activation is complete, FSA Services will send a transaction notice for each reimbursement to verify that an electronic funds transfer has been initiated.

If you are activating or changing Direct Deposit, you must:

- Call your financial institution to verify that they can receive Direct Deposit transactions
- Request the nine (9) digit routing number for your financial institution and provide it where indicated below
- Complete all information requested on this form and sign the form where indicated
- Attach a voided check or deposit slip for the account that will receive Direct Deposit transactions
- Submit this original form to the address indicated above. Keep a copy of the completed form for your records.

To cancel your Direct Deposit, simply mark your selection below, sign and date the form and submit this form to the address indicated above.

(NOTE: Direct Deposit is not a reimbursement option for your medical or insurance provider.)

ALL ACTIVATIONS, CHANGES OR CANCELLATIONS MUST BE NOTED ON THIS FORM.

I would like to: (check one box only)

Activate Direct Deposit

Change Bank Account

Cancel Direct Deposit

ADP FlexID Number:

(Locate your FlexID number on the ADP FSA website at www.flexdirect.adp.com or by contacting your Participant Solution Center)

First Name

MI

Last Name

()

Work Phone

Ext.

Bank or Financial Institution Name

9-digit Bank Routing Number:

Account Number

Account Type:
(please check only one)

Checking

Savings

If the account specified is a joint account, the name and signature of the second signor are required to authorize electronic funds transfer to the account.

Printed Name

Signature

This is my authorization to ADP FSA Services to activate, change or cancel Direct Deposit with the named financial institution per my selection above for the account number noted on my attached deposit slip or voided check. For an activation or an account change, this authorization will remain in effect and automatically continue into each new benefit plan year until revoked upon written notification by me. I have verified that the named financial institution can receive transactions by Electronic Funds Transfer (EFT). I authorize my financial institution account to be debited for any reimbursements sent in error. I further acknowledge that I am responsible for verifying the availability of funds prior to making any withdrawals on my account. Neither ADP nor my employer are responsible for nonsufficient funds (NSF) charges or any other consequences which may result from overdrafts on the named account. By signing below, I certify that I have read and understand the information in this authorization for the activation, change or cancellation of Direct Deposit.

Signature

Date